

**Certification of Postal Service Employment of  
Individuals with Severe Disabilities***(Please print or type)*

Position Title

☐ City Carrier☐ Data Conversion  
Operator☐ Distribution  
Clerk☐ Mail Handler☐ Mail  
Processor☐ Markup Clerk,  
Automated**Applicant**

Name

Address (No., st., apt., city, state, ZIP + 4)

SSN

DOB

**TO:**

Postal Service Personnel Office Name

Address (No., st., apt., city, state, ZIP + 4)

**FROM:**

VA or Rehabilitation Office Name

Address (No., st., apt., city, state, ZIP + 4)

Counselor's Printed Name

Phone No. (Include area code)

The above-named applicant for the cited position in \_\_\_\_\_  
(city and state)

has a severe disability, \_\_\_\_\_ . I have reviewed both the job requirements and the job  
(code) site

and certify that the applicant:

- a has the ability to perform the duties of the position;
- b. is qualified to do the work without hazard to self or others;
- c. is physically and socially competent to maintain him or herself in a work environment, either independently, or with the same level of assistance he or she uses during non-working hours;
- d. is unable to successfully compete in the Postal Service competitive process because of the nature or severity of the disability; and
- e. can reasonably be expected to meet or exceed the normal standards of job performance of the position within the 90-day probationary period.

Counselor's Signature

Date

## Disability Codes

<i>Targeted</i>	<i>Non-Targeted</i>
<b>Hearing Impairments</b>	<b>Speech Impairment</b>
16 Total deafness with understandable speech	13 Speech malfunction, hearing normal
17 Total deafness with inability to speak clearly	
<b>Vision Impairments</b>	<b>Hearing Impairment</b>
23 Cannot read ordinary size print — not correctable by glasses	15 Hard of hearing
25 Blind in both eyes	<b>Vision Impairment</b>
	22 Can read ordinary size print with glasses but with loss of peripheral vision
<b>Missing Extremities</b>	24 Blind in one eye
28 One arm	
32 One leg	<b>Missing Extremities</b>
33 Both hands or arms	27 One hand
34 Both feet or legs	29 One foot
35 One hand or arm and one foot or leg	
36 One hand or arm and both feet or legs	<b>Non-Paralytic Orthopedic Impairments</b>
37 Both hands or arms and one foot or leg	44 One or both hands
38 Both hands or arms and both feet or legs	45 One or both feet
	46 One or both arms
<b>Partial Paralysis</b>	47 One or both legs
64 Both hands	48 Hip or pelvis
65 Both legs (any part)	49 Back
66 Both arms (any part)	57 Any combination of two or more parts of the body
67 One side of body (including one arm and one leg)	
68 Three or more major parts of the body (arms and legs)	<b>Partial Paralysis</b>
	61 One hand
<b>Complete Paralysis</b>	62 One arm (any part)
71 Both hands	63 One leg (any part)
72 One arm	
73 Both arms	<b>Complete Paralysis</b>
74 One leg	70 One hand
75 Both legs	
76 Lower half of body	<b>Other Impairments</b>
77 One side of body (including one arm and one leg)	80 Heart disease (with no restriction or limitation of activity)
78 Three or more major parts of body (arms and legs)	81 Heart disease (with limitation of activity)
	83 Blood disease
<b>Other Impairments</b>	84 Diabetes
82 Convulsive disorders (e.g., epilepsy)	86 Pulmonary disorders
90 Mental retardation	87 Kidney dysfunction
91 Mental or emotional illness	88 Cancer (history with complete recovery)
92 Severe distortion of limbs and/or spine	89 Cancer (undergoing surgical and/or medical treatment)
	93 Disfigurement of face, hands, or feet
	94 Learning disability